



Division of Mineral Mining
Fontaine Research Park
900 Natural Resources Drive, Suite 400
Charlottesville, VA 22903
(434) 951-6310

Application for Certification Examination

Applicants for certification must complete this form and submit a \$10 fee for each exam. Type or print the application in ink and pay the fee with a personal check, certified check, cashier's check, or money order made payable to the **Treasurer of Virginia**. Cash will be accepted if paid in person. Submit the application and fee to the **Division of Mineral Mining** at least **five working days** prior to the date of examination.

1. Full Name: _____ DMM ID _____
2. Address: _____
Street or P.O. Box City State Zip Code
3. Date of Birth: _____ Home Phone No.: () _____
Month/Day/Year
4. Total years employed at a mineral mine: _____
Underground Surface
5. List your current work experience:
Company Name: _____
Address: _____
Street or P.O. Box City State Zip Code
Job Title: _____ From: _____ To: _____
Month/Day/Year Month/Day/Year
6. I have attached a copy of my valid first aid card, the degrees to be used for credit toward the experience requirements, and payment for the exam.
7. Certification Examination Requested (Check One):
☐ Mine inspector (DMME employed) ☐ Mineral mining electrician ☐ Surface blaster
☐ Surface foreman (*for a foreman who may be responsible for drilling & blasting activities*) ☐ Surface foreman – open pit (*for a foreman who will not be responsible for drilling & blasting activities*)
☐ Underground foreman ☐ Underground blaster
8. Exam requested at _____ on _____ (refer to exam schedule)
Location Date

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed: _____ Date: _____

